

Candida auris

Infection Prevention in Acute Care and Long-Term Acute Care Facilities

To stop the spread of *Candida auris* (*C. auris*) in your facility, VDH recommends employing the following infection prevention strategies.

1. Hand Hygiene

- Promote, monitor, and provide feedback on hand hygiene.
- Ensure supplies necessary for adherence to hand hygiene are accessible in patient care areas.

2. Contact Precautions

- Place all patients infected or colonized with *C. auris* on Contact Precautions.
- Consider preemptive Contact Precautions on patients admitted after recent hospitalization (within 6 – 12 months) in a country outside the U.S. or in patients transferred from facilities known to have outbreaks or clusters of patients with *C. auris* colonization or infection.
- Monitor and provide feedback on adherence to proper Contact Precaution practices.
- Ensure adequate supplies are available to implement Contact Precautions.
- CDC does not recommend discontinuing Contact Precautions in most situations.

3. Healthcare Personnel (HCP) and Visitor Education

- HCP and visitors should be educated about preventing transmission of *C. auris*.
- Education and training should include the proper use of Contact Precautions including donning and doffing of personal protective equipment (PPE), and hand hygiene.
- Post clear isolation signage on the patient's door.

4. Minimize Use of Invasive Devices

- Devices (e.g., urinary catheters, central lines) should be discontinued promptly when no longer needed.

5. Timely Notification

- Laboratories should ensure they have timely notification protocols in place to alert appropriate healthcare personnel of a positive *C. auris* specimen.
- Report any positive *C. auris* result to your [local health department](#).

6. Communication of *C. auris* Status at Discharge and Transfer

- If a patient with *C. auris* infection or colonization is transferred to another facility, ensure that *C. auris* information is shared with the accepting facility.

7. Promotion of Antimicrobial Stewardship

- Ensure that antimicrobials are used for appropriate durations and that the appropriate, narrowest spectrum antimicrobial is used.
- CDC has identified core elements for successful [hospital](#) antimicrobial stewardship programs.

8. Environmental Cleaning

- Only products from [List P](#) or those that have an EPA-registered claim effective against *C. auris* should be used.
- Thorough daily and terminal cleaning of rooms and shared equipment is necessary including areas where therapy is received.
- Dedicate non-critical patient-care equipment (e.g., stethoscope) to patients with *C. auris* colonization or infection, if feasible.
- Intensify training of environmental services staff and monitor their cleaning and disinfection practices.

9. Patient and Staff Cohorting

- Place all patients infected or colonized with *C. auris* in single-patient rooms when possible.
- Cohort colonized or infected patients and the staff who care for them even if patients are in single rooms.
- Reserve single rooms for patients with highest risk of transmission.

10. Screening Contacts of Patients with *C. auris*

- Screen patients with epidemiologic links to patients with newly-identified *C. auris* colonization or infection.
- Contact your [local health department](#) for information about colonization screening for *C. auris*.

11. Active Surveillance Testing

- Consider screening high-risk patients at admission.
- Contact your [local health department](#) for information about colonization screening for *C. auris*.

Resources

- [CDC *C. auris* Infection Prevention Recommendations](#)
- [CDC MDRO Containment Strategy for Novel or Targeted MDROs](#)
- [EPA-Registered Products Effective Against *C. auris* \(List P\)](#)

Last Updated: April 2023

Candida auris

Infection Prevention in Acute Care and Long-Term Acute Care Facilities

Table 1. Summary of Infection Prevention Recommendations

Healthcare Personnel Recommendations	
Standard Precautions	Yes
Contact Precautions	Yes; gown and gloves upon room entry
Perform hand hygiene often, and always after leaving the patient's room	Yes
Private room	Yes
Restricted to room	Yes, except for medically necessary care
Door signage	Yes
Designated or disposable equipment	Yes*
Visitor Recommendations	
Perform hand hygiene often, and always after leaving the patient's room	Yes
Contact Precautions	Yes; gown and gloves upon room entry

Factors that increase *C. auris* transmission risk:

Patient-related factors:

Patients vulnerable to colonization and infection include those with severe disease, especially those with compromised host defenses from underlying medical conditions or immunosuppressive medication; recent surgery; or indwelling medical devices (e.g., urinary catheters or endotracheal tubes).

Healthcare-related factors:

Increased risk of *C. auris* transmission occurs:

1. During high-contact care activities (e.g., bathing, device care, wound care, changing linens)
2. When healthcare personnel have poor adherence to published recommendations for hand hygiene and PPE use
3. When patients are admitted to a unit or in a facility where ongoing transmission is documented or suspected